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WASHINGTON	, DC 20006-1021		Γ	(Depositor's name)					
				(Signature)					
				(Date)					
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/594,996	09/29/2006		Tsuneo Yasuma	Yasuma 2006_1537A 5788					
TITLE OF INVENTION	ALKOXYPHENYLPR	OPANOIC ACID DERIV	VATIVES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1510	\$300	\$0 03/02/	\$0 \$1810 05/06/2009 03/02/2009 DEMMANU2 00000067 10594996				
EXAM	INER	ART UNIT	CLASS-SUBCLASS	J 91 FC:	1501	1510 00 00			
SOLOLA, TAOFIQ A 1625		1625	514-569000	02 FC		1510.00 OP 300.00 OP			
CFR 1.363). Change of corresponded address form PTO/SE "Fee Address" indi	cation (or "Fee Address"	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
Number is required.	2 or more recent) attach	ed. Use of a Customer	listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)	TO CHARGE ANY I	DEFICIENCY IN THE			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee FEISMING THE ACCOUNT NO. 23-0975 TO CHARGE ANY DEFICIENCE IN THE PATENT (print or type) TO CHARGE ANY DEFICIENCE IN THE PATENT OF THE PATENT (print or type) TO CHARGE ANY DEFICIENCE IN THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee FEISMING THE PATENT OF THE PATENT OF THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee FEISMING THE PATENT OF THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee FEISMING THE PATENT OF THE PATENT (print or type)									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Takeda Pharmaceutical Company Limited Osaka, Japan									
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🔼 Co	orporation or other private gr	oup entity Government			
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	o small entity discount p	permitted)		dit card. Form PTO-2038 is attached.					
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Authorized Signature	Wall	uk	Date February 27, 2009						
	Warren M. Ch		Registration No. 33, 367						
an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 application form to the ons for reducing this buirginia 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	1.14. This collection is a depending upon the induction of the complex configuration is a depth of the complex configuration in the configuration is a depth of the configuration in the configuration is a depth of the configuration in the configuration is a depth of the configuration in the configuration is a depth of the configuration in the configuration is a depth of the configuration in the configuration in the configuration is a depth of the configuration in the configura	estimated to take 12 in lividual case. Any colicer, U.S. Patent and TO THIS ADDRESS	he public which is to file (an minutes to complete, includion mments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,			
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		lock 1 for any change of address)	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must				
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nonprovisional	NO	\$1510	\$300	. \$0	\$1810	05/06/2009		
EXAMI	NER	ART UNIT	CLASS-SUBCLASS					
SOLOLA, T		1625	514-569000					
"Fee Address" indipTO/SB/47; Rev 03-0. Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unlerecordation as set forth	ondence address (or Cha /122) attached. cation (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is identin 37 CFR 3.11. Comp	nge of Correspondence " Indication form led. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE COMMISSIONER IS AUTHORIZED TO CHARGE ANY DEFICIENCY IN THE data will appear on the patent. If an assigned TELS HELDS THE COUNT NO. 23-0975					
	aceutical Com		(B) RESIDENCE: (CITY Osaka, Japan inted on the patent):		rporation or other private gr	oup entity Government		
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5. Change in Entity State	us (from status indicated	•	☐ b. Applicant is no lon	eer claiming SMAI.	L ENTITY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee and	Publication Fee (if requ		d from anyone other than		tered attorney or agent; or th			
Authorized Signature	Wall	uk		Date Febru	uary 27, 2009			
	Warren M. Ch			Registration No				
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